POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	*J.b.*	32	10/11/00
FORMALITY REVIEW	M. M.	71629	11-17-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

9/27/00

Claim		Date
Final	Original	10 3 / 14 25 / 09 01
1	✓ ✓
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
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10	✓ ✓
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35	✓ ✓
36	✓ ✓
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If more than 150 claims or 10 actions
staple additional sheet here

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